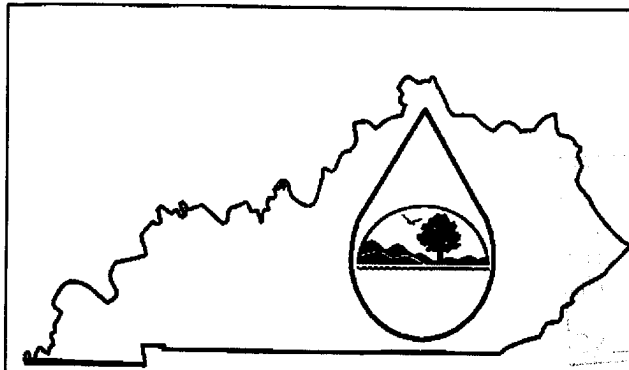


# KPDES FORM 1

A24 48475



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.  
Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

ck 1000

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	
A. Name of Business, Municipality, Company, Etc. Requesting Permit Texas Eastern Transmission, LP		0096211	
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name: Tompkinsville Compressor Station		Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Victoria L. Wagner	
Facility Location Address (i.e. street, road, etc., not P.O. Box): 2250 Pipeline Road		Mailing Address: 5400 Westheimer Court	
Facility Location City, State, Zip Code: Summer Shade, KY 42166		Mailing City, State, Zip Code: Houston, TX 77056	
D. Owner's name (if not the same as in part A and C): N/A		Facility Contact Telephone Number: (713) 989-8357	
Owner's Mailing Address: N/A		Owner's Telephone Number (if different): N/A	
<b>II. FACILITY DESCRIPTION</b>			
A. Provide a brief description of activities, products, etc: The facility is a natural gas compressor station that serves as an integral part of an interstate pipeline system that moves natural gas from production areas to end-user markets.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:		4922 - Natural Gas Transmission	
Other SIC Codes:		N/A N/A N/A	
<b>III. FACILITY LOCATION</b>			
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)			
B. County where facility is located: Monroe		City where facility is located (if applicable): Summer Shade	
C. Body of water receiving discharge: On-site drainage ditch to Skaggs Creek			
D. Facility Site Latitude (degrees, minutes, seconds): 36, 49', 30"		Facility Site Longitude (degrees, minutes, seconds): 85, 39', 45"	
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map Coordinates			
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 007932908			

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: N/A	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KY0096211	Issue Date of Current Permit: 11/01/2004	Expiration Date of Current Permit: 08/31/2009
Number of Times Permit Reissued: 4	Date of Original Permit Issuance: 03/01/1993	Sludge Disposal Permit Number: N/A
Kentucky DOW Operational Permit #: N/A	Kentucky DSMRE Permit Number(s): N/A	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	EPA ID: KYD980514665	N/A

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Noah P. Minge
DMR Official Telephone Number:	(513) 933-6053

B. DMR Mailing Address:	
<ul style="list-style-type: none"> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul>	
DMR Mailing Name:	Texas Eastern Transmission, LP
DMR Mailing Address:	1157 State Route 122 West
DMR Mailing City, State, Zip Code:	Lebanon, OH 45036

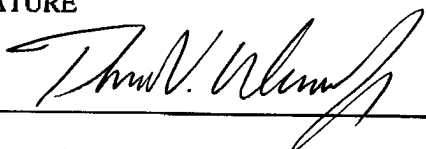
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

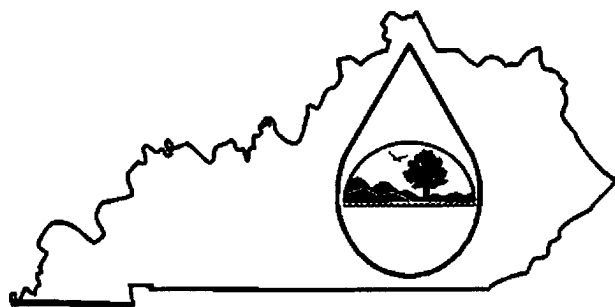
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$1,000

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Thomas V. Wooden - Vice President, NE Operations	(617) 560-1345
SIGNATURE	DATE:
	2/26/09

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.



**KENTUCKY POLLUTANT DISCHARGE  
ELIMINATION SYSTEM**

**PERMIT APPLICATION**

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Tompkinsville Compressor Station											
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE	0	0	9	6	2	1	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				1							
<p><b>II. A. Give the basis of design for sizing of the wastewater facility (see instructions):</b> The wastewater treatment unit is designed to treat up to 32 gallons per minute of miscellaneous non-process wastewater. A schematic of water flow through the system is provided as Attachment 1. The wastewater treatment unit discharges an average of once per week with an average of 2,733 gallons per discharge.</p>											
B. If new discharger, indicate anticipated discharge date:				N/A							
C. Indicate the design capacity of the treatment system:				0.046 MGD							

**III. Outfall Location (see instructions)**

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	49	30	85	39	45	Onsite drainage to Skaggs Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS topographic map coordinates			

#### IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Miscellaneous non-process water	2,733 gallons per discharge	Flow Equalization	1-Y
		Design 0.046 MGD	Oil/Water Separator	1-H
			Particulate Pre-Filter	1-M
			Carbon Absorption	2-A
			Particulate Post-Filter	1-M
			Discharge to Surface Water	4-A

#### V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☒ Other (list): See Attachment 1

#### VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

#### VII. Discharge to other than surface waters. Check appropriate location: N/A

- ☐ Publicly-owned lake or impoundment Name of lake:  
☐ Publicly-owned treatment works (POTW). Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

#### VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	*
<input type="checkbox"/>	Arsenic	*
<input type="checkbox"/>	Beryllium	*
<input type="checkbox"/>	Cadmium	*
<input type="checkbox"/>	Chromium	*

<input type="checkbox"/>	Copper	*
<input type="checkbox"/>	Lead	*
<input type="checkbox"/>	Mercury	*
<input type="checkbox"/>	Nickel	*
<input type="checkbox"/>	Selenium	*

<input type="checkbox"/>	Silver	*
<input type="checkbox"/>	Thallium	*
<input type="checkbox"/>	Zinc	*
<input type="checkbox"/>		
<input type="checkbox"/>		

\* Believed to be absent

<b>IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)</b>		
A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

<b>B. Number of Overflow Points: N/A (If discharge is from an overflow point, the information below must be completed.)</b>		
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	Outfall 001 - Wastewater Treatment System	
Give the number of times discharge occurs per year	57	
Give the average volume per discharge occurrence	2.733 x (1,000 gallons)	
Give the average duration of each discharge	1 (days)	
List month(s) when the discharge occurs	All 12 months	

<b>X. AREA SERVED (see instructions)</b>	
<b>NAME</b>	<b>ACTUAL POPULATION SERVED</b>
Tompkinsville Compressor Station	Not applicable - Natural Gas Transmission Facility
<b>TOTAL POPULATION SERVED</b>	Not applicable - Natural Gas Transmission Facility

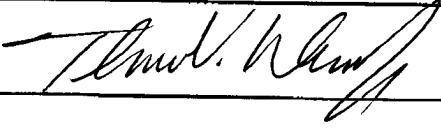
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	< 2 mg/L	< 2 mg/L	1
TOTAL SUSPENDED SOLIDS	< 4 mg/L	< 4 mg/L	5
FECAL COLIFORM	< 10 CFU/100 ml	< 10 CFU/100 ml	1
TOTAL RESIDUAL CHLORINE	< 0.02 mg/L	< 0.02 mg/L	1
OIL AND GREASE	< 5 mg/L	< 5 mg/L	5
CHEMICAL OXYGEN DEMAND	< 10 mg/L	< 10 mg/L	1
TOTAL ORGANIC CARBON	1.40 mg/L	1.40 mg/L	1
AMMONIA	<0.1 mg/L	< 0.1 mg/L	1
DISCHARGE FLOW	8,050 gallons	2,733 gallons	57 batch discharges
PH	8.39 s.u.	7.47 s.u.	5
TEMPERATURE (WINTER)	15 C	N/A	N/A
TEMPERATURE (SUMMER)	25 C	N/A	N/A

B. Frequency and duration of flow:	Average 5 discharges per month; 1 day duration of flow. See Attachment 2 for additional Effluent Characteristics.
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### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

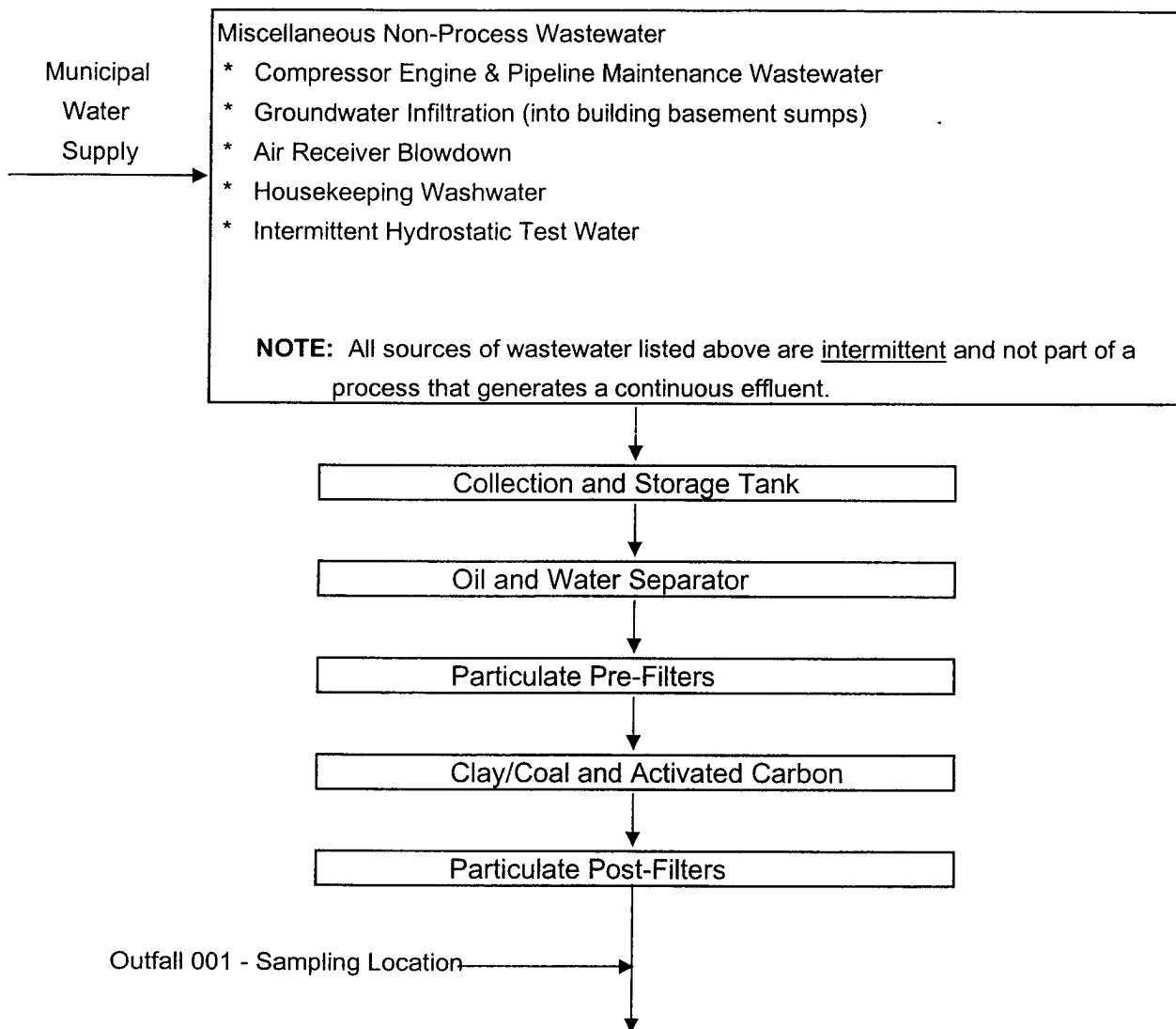
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. X Ms. <input type="checkbox"/> Thomas V. Wooden, Vice President, Northeast Operations	(617) 560-1345
SIGNATURE 	DATE 2/26/09

## **ATTACHMENT 1**

### **Treatment System Schematic (Outfall 001)**



## Attachment 1



Texas Eastern Transmission, LP
5400 Westheimer Ct., Houston, TX 77056-5310
<b>SCHEMATIC OF WATER FLOW</b>
Tompkinsville Compressor Station
Monroe County, Kentucky

## **ATTACHMENT 2**

### **Effluent PCB Characteristics**

Additional Information for Section XII of Form SC

ATTACHMENT 2

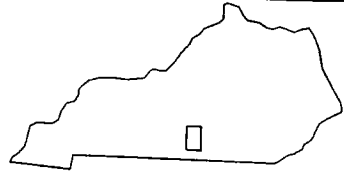
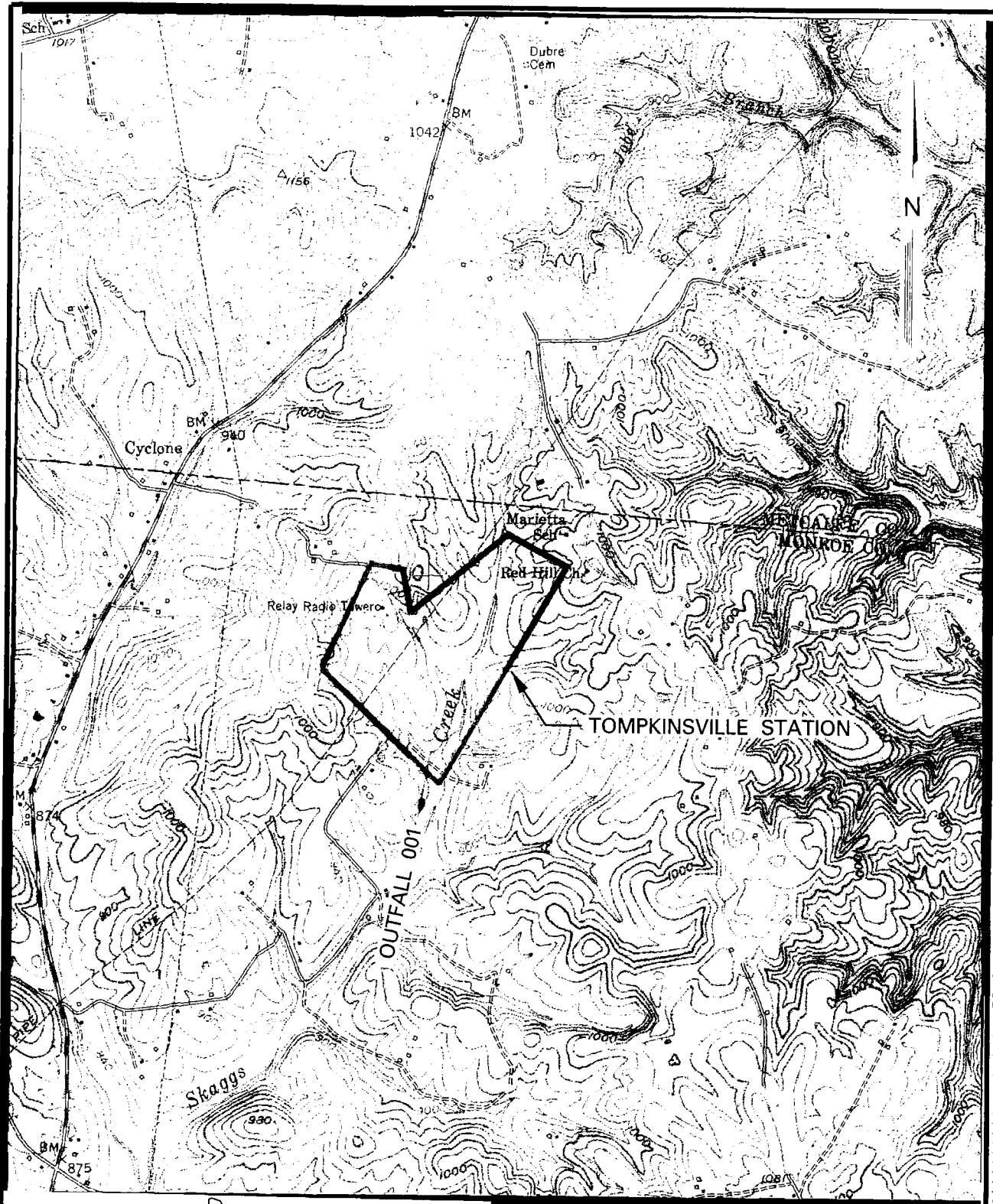
**Effluent PCB Characteristics**  
Additional Information for Section XII of Form SC

Pollutant Parameter	Max Daily Valve ug/L	AVG Daily Value ug/L	Number of Samples
PCBs	<0.5	<0.5	5

<0.5 = Less than the laboratory method detection limit.

**ATTACHMENT 3**

**USGS Map**



KENTUCKY

LATITUDE 36° 49' 30"  
LONGITUDE 85° 39' 45"

REFERENCE TAKEN FROM U.S.G.S. QUAD MAP:  
SULPHUR LICK, KENTUCKY, 1982



Texas Eastern Transmission, LP<sup>SM</sup>

**FIGURE 1**  
SITE LOCATION  
TOMPKINSVILLE COMPRESSOR STATION

MONROE COUNTY, KENTUCKY

DRAWN BY:	DATE:	APPROVED BY:	DATE:
CHECKED BY:	DATE:	APPROVED BY:	DATE:
MGR. DATA MANAGEMENT:	DATE:	APPROVED BY:	
PROJECT MANAGER:	DATE:	SUPERVISOR / MANAGER	

TOMFIG1A

SCALE: 1" = 2000'  
SHEET 1 OF 1

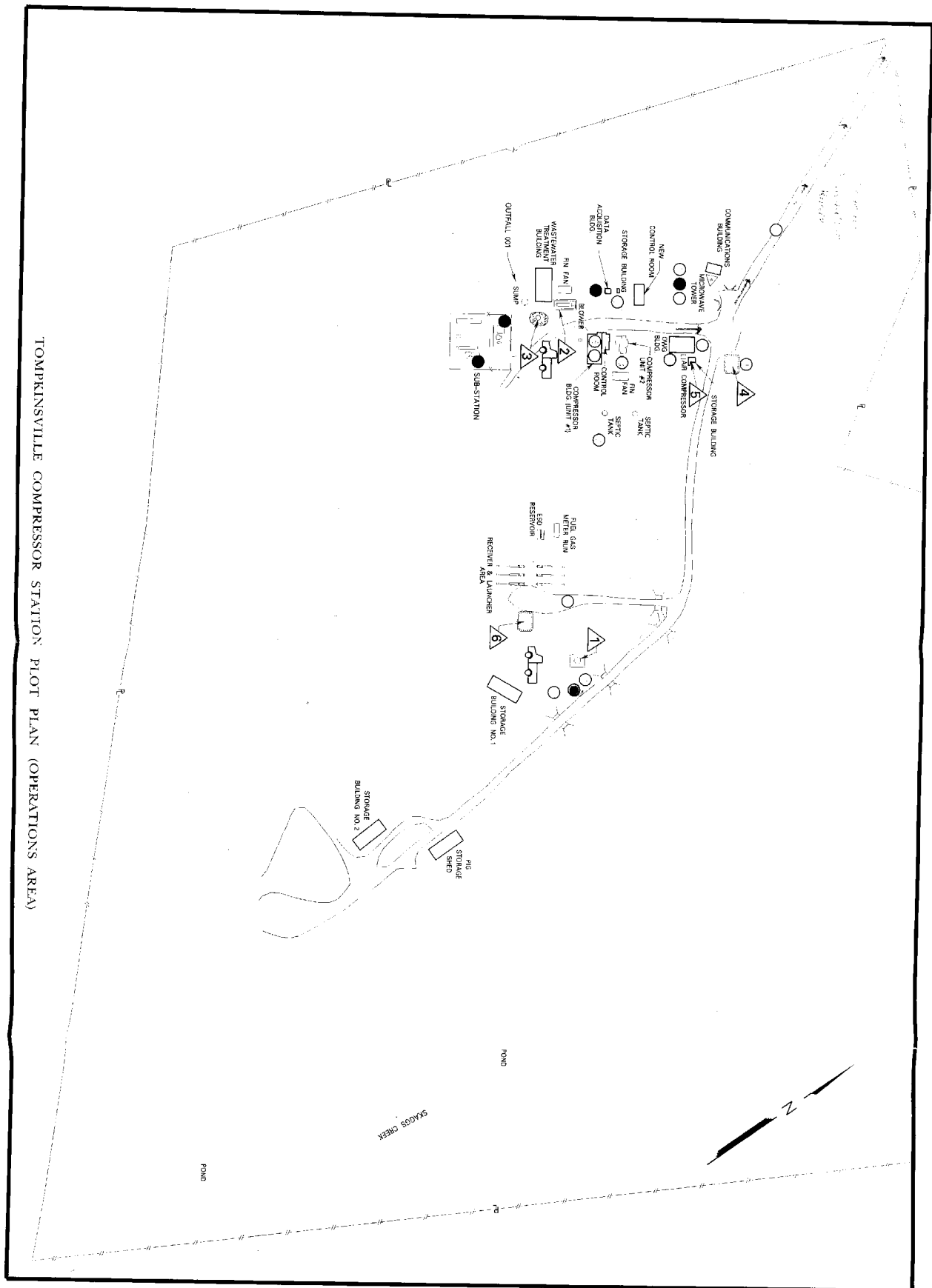
ENV-DR-0701

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## **ATTACHMENT 4**

### **Facility Site Plan**

TOMPKINSVILLE COMPRESSOR STATION PLOT PLAN (OPERATIONS AREA)



Texas Eastern Transmission, LP  
5400 Westheimer Ct.  
Houston, TX 77056

Mailing Address:  
P.O. Box 1642  
Houston, TX 77251-1642



February 27, 2009

KPDES Branch  
Division of Water  
Frankfort Office Park  
14 Reilly Road  
Frankfort, KY 40601

Dear Sir/Madam:

**RE: NPDES PERMIT RENEWAL  
TOMPKINSVILLE COMPRESSOR STATION  
PERMIT NO. KY0096211  
MONROE COUNTY**

Texas Eastern Transmission, LP requests renewal of the National Pollutant Discharge Elimination System (NPDES) permit for wastewater discharges associated with the Tompkinsville Compressor Station located in Summer Shade, Kentucky. Enclosed is the completed NPDES permit renewal application (KPDES Forms 1 and SC) and the following additional information:

- Attachment 1 - Schematic of Wastewater Treatment System
- Attachment 2 - Additional Effluent Data
- Attachment 3 - USGS Map
- Attachment 4 - Facility Site Plan

Also enclosed is a check (#0001367645) payable to the Kentucky State Treasurer in the amount of \$1,000 for the application and permit base fees.

Thank you for your assistance with this permitting request. If you have any questions or require additional information, please contact me at (713) 989-8357 or Corey Condit at (713) 627-5926.

Sincerely,

A handwritten signature in black ink that reads "Victoria Wagner".

Victoria L. Wagner  
Manager, Environmental Compliance  
Environment, Health and Safety

VLW/cdc  
Attachments